



CITY OF DAVIS
AN EQUAL OPPORTUNITY EMPLOYER

<p>EMPLOYMENT APPLICATION City of Davis 23 Russell Boulevard, Suite 4 Davis, CA 95616-3896 Phone: (530) 757-5644 Fax: (530) 753-1224 TDD: (530) 757-5666 Email: H@cityofdavis.org Website: http://www.cityofdavis.org</p>	<p>HUMAN RESOURCES USE ONLY</p> <p style="text-align: right; font-size: small;">(stamp received date here)</p>
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Please print or type and complete all sections

PERSONAL INFORMATION

EXACT TITLE OF POSITION FOR WHICH YOU ARE APPLYING: _____

NAME: _____
Last
First
Middle

MAILING ADDRESS: _____
Street/P.O. Box
City
State
Zip Code

HOME PHONE: _____ **WORK PHONE:** _____ **MESSAGE PHONE:** _____

E-mail address: _____

Are you able to perform all the essential functions of the position, with or without reasonable accommodations? Yes No

The city also offers accommodation for the recruiting process. To request accommodation contact Human Resources at the number listed above.

Do you possess a valid drivers' license? Yes No
Class: A B C

Will you be required to provide a work permit? (under age 18) Yes No

If offered a position, will you be able to provide identification and proof of eligibility to work in the United States? Yes No

Veteran's Preference: Do you wish to claim Veteran's Preference if applicable? To be considered you must submit a copy of your discharge paper (DD214). Yes No

Have you been employed by, or applied to, the City of Davis before? Yes No

If yes above, please explain: _____ Date you are available for employment: _____

Relatives: Do you have any relative(s) who currently work for the City of Davis? Yes No

These include: spouse ♦ domestic partner ♦ child ♦ sibling ♦ parent ♦ grandparent ♦ grandchild ♦ aunt ♦ uncle ♦ cousin ♦ niece ♦ or nephew. Relations may be by blood, marriage, adoption, or domestic partnership, including in-law, step- and half-relationships.
(If yes, attach separate sheet of paper with name of relative, relationship and department.)

EDUCATION

Last Elementary, Junior, or Senior High School Attended:

NAME OF SCHOOL	LOCATION	LAST GRADE ATTENDED	GRADUATE?
			Yes / No / GED

**If required for the position, submit verification of your college education such as copies of your diplomas or transcripts with application. **

NAME AND LOCATION OF ALL COLLEGES & UNIVERSITIES ATTENDED	FULL OR PART TIME	NO. CREDITS EARNED	SEM. OR QTR	COURSE OF STUDY	TYPE OF DEGREE RECEIVED

NAME: _____ POSITION APPLIED FOR: _____

NAME AND LOCATION OF BUSINESS OR TRADE SCHOOLS ATTENDED (INCLUDE ANY RELATED COURSES OR TRAINING RECEIVED)	COURSE(S) OF STUDY	CERTIFICATE OR LICENSE RECEIVED

List any professional licenses/certificates or memberships in professional associations

Experience: List all jobs you have held within the past ten years beginning with your present or most recent job, including military experience and volunteer positions. Include earlier experience which may qualify you for the position ("**See attached resume" is not acceptable in lieu of filling out this section**"). If you need more space you may attach additional sheets in the same format.

CURRENT OR MOST RECENT POSITION

FROM: MONTH/YEAR	TO: MONTH/YEAR	JOB TITLE		SALARY
EMPLOYER NAME		ADDRESS	CITY	STATE ZIP
DUTIES PERFORMED		HOURS per WEEK	# of employees supervised	
NAME OF SUPERVISOR			PHONE: ()	
REASON FOR LEAVING:				
May we contact this employer? YES NO Notify me first				

PREVIOUS POSITION

FROM: MONTH/YEAR	TO: MONTH/YEAR	JOB TITLE		SALARY
EMPLOYER NAME		ADDRESS	CITY	STATE ZIP
DUTIES PERFORMED		HOURS per WEEK	# of employees supervised	
NAME OF SUPERVISOR			PHONE: ()	
REASON FOR LEAVING:				
May we contact this employer? YES NO Notify me first				

NAME: _____ POSITION APPLIED FOR: _____

PREVIOUS POSITION

FROM: MONTH/YEAR	TO: MONTH/YEAR	JOB TITLE	SALARY	
EMPLOYER NAME		ADDRESS	CITY	STATE ZIP
DUTIES PERFORMED		HOURS per WEEK	# of employees supervised	
NAME OF SUPERVISOR			PHONE: ()	
REASON FOR LEAVING:				
May we contact this employer? YES NO Notify me first				

PREVIOUS POSITION

FROM: MONTH/YEAR	TO: MONTH/YEAR	JOB TITLE	SALARY	
EMPLOYER NAME		ADDRESS	CITY	STATE ZIP
DUTIES PERFORMED		HOURS per WEEK	# of employees supervised	
NAME OF SUPERVISOR			PHONE: ()	
REASON FOR LEAVING:				
May we contact this employer? YES NO Notify me first				

PREVIOUS POSITION

FROM: MONTH/YEAR	TO: MONTH/YEAR	JOB TITLE	SALARY	
EMPLOYER NAME		ADDRESS	CITY	STATE ZIP
DUTIES PERFORMED		HOURS per WEEK	# of employees supervised	
NAME OF SUPERVISOR			PHONE: ()	
REASON FOR LEAVING:				
May we contact this employer? YES NO Notify me first				

REFERENCES

Please list names and addresses of three people, other than relatives, that we may contact who have knowledge of your job skills, experience, and ability.

Name	Address	Telephone Number	Business/Occupation

NAME: _____ POSITION APPLIED FOR: _____

APPLICANTS' AGREEMENT / RELEASE / CERTIFICATION

Notice to Applicant:

1. Employment offers may be contingent upon applicant passing a job-related physical examination and background investigations. Fingerprints may be required.
2. All appointments shall be subject to a 12-month (18-month for public safety positions) probationary period. The probationer may be released at any time during this period with or without cause.
3. Temporary part-time, probationary, and executive management employees are At Will and may be released at any time with or without cause.
4. Employment may be contingent upon applicant meeting minimum age requirements or other requirements of the position.
5. Proof of your legal right to work in the United States must be submitted at the time of employment.
6. Upon employment, you shall be expected to take a loyalty oath as required by law.

Certification:

I certify that the information given by me in this application is true and complete in all respects to the best of my knowledge and beliefs, and I agree that any false statements or omissions shall be considered sufficient cause for disqualification or dismissal. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the City of Davis and myself for either employment or for providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the City of Davis unless made in writing.

I understand that prior to being offered employment with the City of Davis I may be requested to take an employment examination. In the event that I have a disability which will affect my ability to take the test, I will so inform the City of Davis prior to the administration of the test so that a reasonable accommodation can be made. The City of Davis reserves the right to require medical documentation concerning the need for accommodation.

I understand that if employed, I will be required to follow all city policies, procedures and rules. The City of Davis reserves the right to revise policies or procedures, in whole or in part, at any time.

Authorization to Release Employment Records:

I authorize the City of Davis to obtain information from prior and current employers, unless noted differently below, except any information about a disability and medical condition which is prohibited by law under the Americans with Disabilities Act. Information that may be obtained may include, but is not limited to, achievement, performance, attendance, personal history, and disciplinary information. I direct prior and current employers to release such information upon request of the duly accredited representative of the City of Davis regardless of any agreement I may have had with you previously to the contrary. I release the City of Davis and any outside individual or organization, including records custodians, from all liability for damages that may result from compliance or any attempts to comply with this authorization. This background check may include my driving record. Copies of background information obtained will only be provided to applicants as required by law. Public Safety applicants agree to submit to a more comprehensive background check in accordance with the law.

- I give permission for background/reference/employment checks to be done upon being placed on an eligible list.
- I give permission for background/reference/employment checks to be done upon being placed on an eligible list, except from my current employer. Information from my current employer may be obtained only after an extension of a conditional job offer.
- I do not give permission for background/reference/employment checks to be done.

Explanation: _____

I have read, understand and agree to the information noted above:

Signature

Date

NAME: _____ POSITION APPLIED FOR: _____

SUPPLEMENTAL QUESTIONNAIRE

Please list any special qualifications that are required by the position, or skills that you feel will assist you if you were to be selected for the position.

Languages other than English in which you are fluent

LANGUAGE	READ	WRITE	SPEAK

Other skills/qualifications/abilities you possess which relate to the position for which you are applying:

COMPUTER SOFTWARE USED	PROGRAM NAME	BEGINNER	INTERMEDIATE	ADVANCED
Word Processing (e. g. Word)				
Spreadsheet (e.g. Excel)				
Database (e.g. Access)				
Graphic/Presentation (e.g. PowerPoint)				
Other: (please list)				

OTHER SKILLS (Please list)

My net corrected typing speed is: _____ W.P.M.

If required for the position, please attach proof and submit with application.

Machinery and Equipment *Please list any machines or equipment you can operate related to this position.*

RECRUITMENT RESEARCH

Where did you first learn about the position? (Please check only one.)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Human Resources Dept. | <input type="checkbox"/> Job Fair | <input type="checkbox"/> Davis Cable TV | <input type="checkbox"/> EDD |
| <input type="checkbox"/> City employee | <input type="checkbox"/> Sacramento Bee | <input type="checkbox"/> CA Job Journal | <input type="checkbox"/> Professional Publication
(please specify) |
| <input type="checkbox"/> City job bulletin | <input type="checkbox"/> Davis Enterprise | <input type="checkbox"/> Jobs Available | _____ |
| <input type="checkbox"/> City web site | <input type="checkbox"/> Vacaville Reporter | <input type="checkbox"/> Internet (please specify) | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> City job line | <input type="checkbox"/> Woodland Daily Democrat | _____ | _____ |
| <input type="checkbox"/> Direct mailer | | _____ | _____ |